Program Description

This program will focus on practical methods which clinical laboratories can use to remain alert for the agents of bioterrorism. Participants will learn about surveillance, evaluation and confirmatory procedures which can be integrated into the routine work of the microbiology laboratory. Procedures for referring suspected cases will also be discussed.

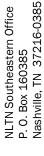
In this is a hands-on course, participants will spend time examining actual cultures and organisms in a laboratory setting.

Who Should Attend?

This intermediate level workshop is designed for laboratorians working in hospitals and other laboratories who handle microbiology specimens or organisms isolated from patients or individuals who supervise laboratories handling microbiology specimens. Participation is limited to 18 laboratorians and number of participants per facility may be limited.



The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).





A Plan of Action:

Bioterrorism Preparedness for Clinical Labs

Cosponsored by:
National Laboratory Training Network
and
Tennessee Department of Health
Laboratory Services

October 3, 2002 Nashville, TN

A Plan of Action:

Bioterrorism Preparedness for Clinical Labs

For additional information please call 615-262-6315 or 800-536-6586 (Southeast only) or e-mail us at: seoffice@nltn.org.

Objectives

Upon completion of the program, participants will be able to:

- Discuss the role of the clinical laboratory in discovering organisms targeted for use in acts of bioterrorism.
- * Explain the safety implications of handling suspected organisms in clinical specimens and isolates.
- * Describe the clinical and laboratory features of the primary agents likely to be involved in a bioterrorist event including: anthrax, plague, botulism, tularemia, brucellosis and smallpox.
- Recognize culture, staining and biochemical characteristics of bioterrorist organisms.
- * Apply information presented to clinical scenarios in order to avoid identification pitfalls.
- * Outline the process for contacting and transporting suspected organisms to the Tennessee Department of Health Laboratories.

Continuing Education

Continuing Education Credits will be offered, based upon 5.5 hours of instruction.

Schedule

Dodictration

0.30	Registration
9:00	Introductions
9:15	Bioterrorism: Are We Ready?
9:45	The Laboratory Response Network
10:00	Safety in a Clinical Laboratory
10:30	Break
10:45	Identification of Organisms Targeted for
	Use in Acts of Bioterrorism
12:15	Lunch (provided)
1:00	Laboratory Exercises
2:15	TDH Laboratory's Role in Bioterrorism
	Preparedness
2:45	Applying What You Have Learned: Case
	Studies
4:15	Evaluation and Wrap-Up
4:30	Adjourn

Faculty

Vickie Baselski, Professor, Department of Pathology, University of Tennessee Health Science Center

Cindy Jackson, Safety and Bioterrorism Preparedness Coordinator, Laboratory Services, Tennessee Department of Health

Michael W. Kimberly, Director, Laboratory Services, Tennessee Department of Health

Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN office at least two weeks prior to the workshop by calling: 615-262-6315.

Location

Tennessee Department of Health Laboratory Services 630 Hart Lane Nashville, TN 37216

To Register

Registration fee for this course is \$30. Registration Deadline: September 19, 2002

You may register for the course one of three ways:

By mail - complete the form and mail it with your check, payable to APHL, to:

APHL—NLTN Registration P.O. Box 79117 Baltimore, MD 21279-0117

By fax - complete the form - be sure to include your credit card information and fax it to: 202-776-9084

On-line at: http://www.nltn.org/registration.htm



All participants will receive a copy of *Cumitech* 33:

Laboratory Safety, Management, and Diagnosis of Biological Agents
Associated with Bioterrorism, published by ASM Press*.

^{*} Does not constitute endorsement by CDC, NLTN, APHL, or Tennessee Department of Health.

Form Approved OMB No. 0920-0017 Exp. Date 4/30/2003 A Plan of Action:

Bioterrorism Preparedness for Clinical Labs Please type or print Registration Fee: \$30 (M.I.) (Dr., Mr., Mrs., Ms., or Miss) (First) (Last) Registration Deadline: September 19, 2002 Social Security Number We also need to know your Social Security Number. This number is voluntary and collected under the Public Health Service Act. Enclosed is my check or money order, payable to APHL. Position Title E-mail Address Enclosed is a Purchase Order, please bill me. Employer's Name Employer's Phone Number Bill my Credit Card (circle one). Employer's Address Employer's Fax Number VISA Master Card American Express City State Zip Submit your registration form to: Course Number and Date A Plan of Action: Bioterrorism Preparedness for Clinical APHL - NLTN Registration Labs 10/3/2002 (SE3103) P.O. Box 79117 Baltimore, MD 21279-0117 Signature of Applicant Date Or by fax to: 202-776-9084 **EDUCATION LEVEL** OCCUPATION THE FOLLOWING PRIVACY ACT STATEMENT IS Refund Policy: Cancellations prior to deadline will be APPLICABLE TO ALL INCLUDED FORMS NEEDING (Circle Highest Level Attained.) (Circle one number.) SOCIAL SECURITY NUMBER 01 Some High School refunded minus a \$10.00 processing fee. The information requested on this form is collected 02 High School Graduate Physician under the authority of 42 U.S.C. 243. The requested Cancellations after the deadline date will not be 03 Some College Veterinarian information is used only to process and evaluate your refunded. Registrations which cannot be accepted application for training and may be disclosed (for Associat es Degree Laboratorian verification purposes) to your employer, group leader, 05 Bachelors Degree Nursina due to over enrollment will be refunded in full. educational institution, etc. as necessary. An account-Master's Degree Sanitarian ing of such disclosures will be furnished to you upon Doctoral Degree-MD Industrial Hygienist request. Furnishing the information requested on this Doctoral Degree-Other than MD Administration form, including your Social security number (SSN), is voluntary. However, no applicant may receive Continu-Technical/Hospital School Water Treatment Operator ing Education Unit or Continuing Medical Education Unit credit unless a completed application form is received. The SSN is used for identity verification purposes and prevents the assignment of more than one Card Holder's Name TYPE OF EMPLOYER identifying number to the same individual. If you do not Please review all categories before circling appropriate one wish to submit a SSN, CDC will assign a unique identi-(Circle one number.) Card Number State and Territorial Health Department Public Reporting burden for this information is esti-Other State & Territory Employer mated to average 5 minutes per response including the time for reviewing instructions, searching existing data Local, City or County Health Dept. sources, gathering and maintaining the data needed Other Local Government Employer and completing and reviewing the collection of informa-Expiration Date 05 CDC tion. An agency may not conduct or sponsor, and a 06 Other CDC Employer person is not required to respond to a collection of information unless it displays a currently valid OMB U.S. Food & Drug Administration control number. Send comments regarding this burden Signature U.S. Department of Defense estimate or any other aspect of this collection of infor-Veterans Administration Hospital mation, including suggestions for reducing this burden Other Federal Government Employer to CDC-ASTDR Reports Clearance Officer, 1600 Clifton Foreign Employer Road, N.E., MSD-24, Atlanta, Georgia 30333; Attn: Date PRA (0920-0017). Private/Community Hos pital College/University Private Industry Amount of payment Private Clinical Laboratory Physician Office Lab/Group Practice Hospital-State Funded

CDC 32.1 Rev. 3/30/2000 Hospital-City/County Funded

Health Maintenance Organization

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